

Medical Direction Committee
July 8, 2010
10:30 am
Office of EMS
1041 Technology Park Drive
Glen Allen, VA 23059

Members Present:

Theresa Guins, M.D.
 Allen Yee, M.D.
 George Lindbeck, M.D.
 Stewart Martin, M.D.
 Scott Weir, M.D.
 Asher Brand, M.D.
 Marilyn McLeod, M.D.
 Cheryl Lawson, M.D.
 Charles Lane, M.D.
 Jack Potter, M.D.
 Sabina Braithwaite, M.D.
 David Garth, M.D.

Members Absent:

Staff:

Chad Blosser
 Greg Neiman
 Michael Berg
 Greg Neiman
 Tom Nevetral

Others:

Jennie Collins
 Keltcie Delamar
 Mike Cox
 Kate Passow
 Eddie Ferguson
 Jeffrey Meyer

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at 10:30 AM by Chairperson Asher Brand, M.D.	
II. Introductions	Asher Brand, M.D. requested that everyone introduce themselves.	
III. Approval of Minutes		<p>Motion by Scott Weir, M.D. and seconded by Theresa Guins, M.D. to approve the October 8, 2009 MDC meeting minutes...Motion passed.</p> <p>Motion by Stewart Martin, M.D. and</p>

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		<p>seconded by Theresa Guins, M.D. to approve the January 21, 2010 MDC meeting minutes...Motion passed.</p> <p>Motion by Stewart Martin, M.D. and seconded by Theresa Guins, M.D. to approve the April 8, 2010 MDC meeting minutes...Motion passed.</p>
IV. AHA/VDH Stroke Systems Plan Update – Keltcie Delamar	<p>AHA Business Update:</p> <ul style="list-style-type: none"> National realignment of resources is underway to position AHA to meet new goals in their 2020 Impact Plan. The new plan focuses strongly on prevention and achieving 'ideal' cardiovascular health. Keltcie Delamar is transitioning to an affiliate position as Director of Grassroots and Media Advocacy, and several other staff will be available to EMS for various issues: Katie Donnini, Director of Government Relations will be the liaison to EMS for policy issues (katie.donnini@heart.org). Tiffany McGhee, Director of QI, is available for hospital quality issues (tiffany.mcghee@heart.org). <p>Stroke</p> <ul style="list-style-type: none"> A new Stroke Hospital Roles Map has just been published. 4 new Primary Stroke Centers have been added, bringing the total in VA to 23 (or 26 counting alternate campuses as well). Available as handout. The EMS stroke triage plan passed final approval April 2010 and is being written into Council contracts. EMS collaboration with hospital personnel is also written in, with support in place from the hospital community through the Virginia Stroke Systems Coordinators Consortium (stroke coordinators at the hospitals). Next Virginia Stroke Systems Task Force meeting is July 21, guests welcome, RSVPs required. <p>STEMI</p> <ul style="list-style-type: none"> During the first public comment period for new EMS Regulations, 	

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	<p>many field personnel expressed recommendation to include 'STEMI' specifically as a condition for which formal plans should be in place. This was not included in the revision, and the language was modified to require plans only for those conditions required by code. Since STEMI is not required by code the issue will be raised again in the next public comment period, as a high priority focus.</p> <ul style="list-style-type: none"> • AHA is working to raise funds to place a Mission Lifeline Director in the field to drive implementation of Mission Lifeline and guide the Virginia Heart Attack Coalition's efforts. Most of the funding has already been secured, some from the Virginia Chapter of the American College of Cardiology, and some from a private AHA donor. • Next Virginia Heart Attack Coalition Task Force meeting is Sept 16, guests welcome, RSVPs required. 	
V. New Business		
<p>a. <i>Presentation on Tourniquets (TQ) Use</i> – Capt. Brad L. Bennett, PhD, FAWM, FACSM CAPT MSC US Navy (Ret.) Combat Casualty Care Research Coordinator Clinical Investigation Research Department Naval Medical Center Portsmouth</p>	<p>Capt. Brad L. Bennett provided a Powerpoint presentation on <i>Hemorrhage Control and the Use of Tourniquets (TQ)</i>. The presentation was based upon Tactical Combat Emergency Care (TCCC) Guidelines utilized in Iraq and Afghanistan wars. The vast majority of the injuries incurred in these wars are extremity injuries due to the lack of protection from body armor (Kevlar). It was stated that there are three tourniquets (TQ) utilized:</p> <ol style="list-style-type: none"> 1. CAT (Combat Application Tourniquet) 2. SOFTT (Special Operations Forces Tactical Tourniquet) 3. EMT (Emergency Military Tourniquet) <p>The CAT and the SOFTT are for field use ONLY. The EMT is utilized in the field hospital setting and it is NOT recommended for Emergency Medical Services use as it has a soft inflated bladder that can puncture in the pre-hospital setting.</p> <p>Improvised TQs are NOT to be utilized (commercial tourniquets ONLY).</p> <p>The TQ is NOT to be applied just above the knee; if it is then a second tourniquet should be applied above it. The adductor canal (Subsartorial/Hunter's canal) is an aponeurotic tunnel in the middle third</p>	

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<p>b. Policy for Vaccine Administration - George Lindbeck, M.D.</p>	<p>of the thigh, extending from the apex of the femoral triangle to the opening in the Adductor magnus, the Adductor hiatus. The adductor canal is often referred to as the canal of guyton, which was coined by Allison Molnar, DPT. This Hunter's canal precludes the tourniquet from applying the proper pressure to occlude the bleed.</p> <p>Apply the TQ 2" - 3" just above the wound/injury. Check for a distal pulse and if felt then apply a second TQ. Do not loosen the TQ to allow blood to flow. TQs have been left in place for up to 6 hours without neurological deficit. TQs hurt when applied therefore the patient may need to be medicated for the discomfort.</p> <p>See additional supporting documentation which is attached in Appendix A below:</p> <p>George Lindbeck, M.D. presented a DRAFT copy of <i>Policy for Vaccine Administration by Emergency Medical Services Providers in Virginia</i> for review by the committee. A clarification question was asked to determine if the policy required the approval of the agency Operational Medical Director (OMD) and it does. It was also noted by Michael Berg that the policy was being reviewed by the Attorney General's (AG's) Office. It was the consensus of the committee to approve the document pending the AG's Office approval.</p>	<p>Consensus of the committee to approve the document pending the AG's Office approval.</p>
<p>VI. Old Business</p> <p>a. Post Return of Spontaneous Circulation Care - Allen Yee, M.D.</p> <p>b. Hemorrhage Control Whitepaper – Allen Yee, M.D.</p> <p>c. Proposed Intranasal Medication Route Addition to Procedures – George Lindbeck, M.D.</p>	<p>This document was disseminated for the committee to review and it was decided to table it until the next scheduled meeting so that it would afford committee members more time to review it.</p> <p>Asher Brand, M.D. advised that there will be further discussion on the Hemorrhage Control white paper that is being drafted. It will also contain a "sample guideline". This will be placed on the agenda for the next meeting.</p> <p>Discussion was held to add to the procedures section of the Virginia Scope of Practice (VASoP) the intranasal medication route starting at the EMT-Basic level. Concern was expressed about allowing EMT Basics to draw up and administer intranasal medications.</p>	<p>Motion by Allen Yee, M.D. and seconded by Stewart Martin, M.D. to add intranasal medication route for the EMT-Basic level to the VASoP procedures under "other techniques". <u>Motion failed...</u></p>

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d. Proposed Carotid Massage/Vagal Maneuvers for Procedures – George Lindbeck, M.D.	<p>New motion proposed by Marilyn McLeod, M.D.</p> <p>Allen Yee, M.D. inquired about his “pilot study” on utilization of EMT Basics administering intranasal glucagon and narcan within his EMS agency. The committee advised to continue his study and report back the findings as previously approved.</p> <p>Discussion was held to add to the procedures section of the Virginia Scope of Practice (VASoP) carotid massage/vagal maneuvers.</p>	<p>Motion by Marilyn McLeod, M.D. and seconded by Cheryl Lawson, M.D. to add intranasal medication route for the EMT-Enhanced, Intermediate and paramedic certification levels to the VASoP procedures under “other techniques”. Motion passed...</p> <p>Motion by Allen Yee, M.D. and seconded by Stewart Martin, M.D. to add carotid massage/vagal maneuvers to the VASoP procedures under “other techniques” for the Intermediate and paramedic certification levels. Motion passed...</p>
VII. Research Requests	None	
IX. EMS Training Funds Program & Accreditation Update – Chad Blosser	<p>Chad Blosser advised that the FY 2011 EMSTF contracts had not yet been approved by the Attorney General’s Office. Once they have been approved he will send out a blanket notification by e-mail to all EMS instructor/Coordinators that the Office has e-mail addresses.</p> <p>Chad also gave a demonstration of the EMS provider/Instructor portal to the committee.</p>	
X. ALS Programs Issues – Tom Nevetral	Tom Nevetral reported that there would be an ALS-Coordinator Meeting in Roanoke on July 9, 2010. Also there will be an ALS-Coordinator Seminar (Administrative Program) held in Henrico on July 17-18, 2010 and forty-nine candidates have been invited with twenty-two candidates registering for the program.	
XI. BLS Programs Issues - Greg Neiman	Greg Neiman announced that an EMT Instructor institute was held in Blacksburg in conjunction with the VAVRS Rescue College. There were	

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	<p>seven candidates, two fire instructors and one ALS-Coordinator who attended the Adult Education component towards EMS Education Coordinator certification. The next EMT Instructor Institutes is scheduled for Lord Fairfax EMS region.</p> <p>It was also noted that there is a 71% fail rate on the new EMT Instructor pre-test, but it is important to note that a large percentage of those taking the pre-test are not answering the summary questions. It appears that a vast majority are taking the exam to simply see what is being evaluated.</p> <p>The Office conducts one on-line EMS Instructor Update the first Tuesday of each month with the next face to face EMS Instructor Update to be held on September 25th in Virginia beach in conjunction with the VAVRS Convention.</p>	
XII. Regulation & Compliance- Michael Berg	<p>Mike Berg advised that there would be OMD training at the EMS Symposium in November and interested physicians should register for the workshops.</p> <p>EMS Policy & Regulations Committee has met on the proposed <i>EMS Regulations</i> comments that have been received and have prepared a response to the suggestions by the public.</p>	
XIII. Public Comment	None	
XIV. For the Good of the Order	None	Please review personal schedules to establish 2011 committee meeting dates.
XV. Adjourn	Meeting adjourned	2010 Meeting Date: <ul style="list-style-type: none"> October 7

APPENDIX A

doi:10.1136/emj.2007.046359
Emerg. Med. J. 2007;24;584-587
C Lee, K M Porter and T J Hodgetts

Tourniquet use in the civilian prehospital setting

<http://emj.bmj.com/cgi/content/full/24/8/584>

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References

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